

PTO/SB/21 (09-04)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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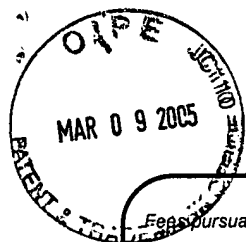
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/975,918
	Filing Date	October 12, 2001
	First Named Inventor	Keiko MORII et al.
	Art Unit	2655
	Examiner Name	Daniel D. Abebe
Total Number of Pages in This Submission 17	Attorney Docket No.	MAT-8193US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Credit Card Payment Form Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): > Return postcard
Remarks:		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT		
Firm Name	RatnerPrestia	
Signature		
Printed Name	Lawrence E. Ashery	
Date	March 7, 2005	Reg. No. 34,515

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or Printed Name	Fran Petrillo	Date	March 7, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.**

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Effective on 12/08/04.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**Complete if Known**

Application Number	09/975,918
Filing Date	October 12, 2001
First Named Inventor	Keiko MORII, et al.
Examiner Name	Daniel D. Abebe
Art Unit	2655
Attorney Docket No.	MAT-8193US

TOTAL AMOUNT OF PAYMENT (\$) **300.00****METHOD OF PAYMENT** (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: **18-0350** Deposit Account Name: **RatnerPrestia**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
33	- 27 or HP = 6	x 50 =	\$300.00			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP =	x	0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
—	- 100 =	/ 50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)**SUBMITTED BY**

Complete (if applicable)

Signature	Registration No. Attorney/Agent)	34,515	Telephone	(610) 407-0700
Name (Print/Type)	Lawrence E. Ashery		Date	March 7, 2005

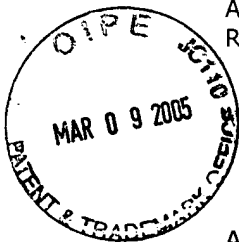
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Appln. No.: 09/975,918
Amendment Dated: March 7, 2005
Reply to Office Action of: December 7, 2004

MAT-8193US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No: 09/975,918
Applicants: Keiko MORII, et al.
Filed: October 12, 2001
Title: METHOD FOR SPEECH RECOGNITION, APPARATUS FOR THE
SAME,
AND VOICE CONTROLLER
TC/A.U.: 2655
Examiner: Daniel D. Abebe
Confirmation No.: 9228
Docket No.: MAT-8193US

AMENDMENT

Mail Stop Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated **December 7, 2004**, please amend the
above-identified application as follows:

- ☐ **Amendments to the Specification** begin on page _____ of this paper.
- ☒ **Amendments to the Claims** are reflected in the listing of claims which
begins on page **2** of this paper.
- ☐ **Amendments to the Drawings** begin on page _____ of this paper and
include an attached replacement sheet(s).
- ☐ **Amendments to the Abstract** are on page _____ of this paper. A clean
version of the Abstract is on page _____ of this paper.
- ☒ **Remarks/Arguments** begin on page **10** of this paper.

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